



APPLICATION FORM
2007 DISASTER RECOVERY
LOAN DEPOSIT PROGRAM

TO: Honorable Alexi Giannoulas
Illinois State Treasurer
300 West Jefferson Street
Springfield, Illinois 62702

Dear Treasurer Giannoulas:

The _____ of _____
(Financial Institution) herein applies for a one year deposit in the amount of
\$ _____ under the Treasurer's 2007 Disaster Recovery Loan Program.
We will fund the loans listed below with the understanding that if state funds are made
available to our bank, **THE BORROWER WILL NOT BE REQUIRED TO MAKE**
PRINCIPAL PAYMENTS DURING THE TERM OF THE DEPOSIT AND THE LOAN
RATE TO THE BORROWER WILL NOT EXCEED THE DEPOSIT RATE BY MORE
THAN 3.0%. It is also understood that the loans shall not be made to any director, officer
or employee (or spouse thereof) of this financial institution.

Funds are made available to any and all locations proclaimed State or Federal disaster
areas by the President of the United States or the Governor of Illinois. Areas with damage
outside the disaster areas will be reviewed on a case by case basis. Borrower must
complete application for funds within 90 days from the date of disaster declaration. It is
agreed that the proceeds of this loan will be limited to paying costs related to disaster
recovery.

It is further agreed that the loan or loans listed below will be closed within 5 business days
of the deposit of state funds, a State Treasurer's Acknowledgement Form will be signed by
each borrower at the time the loan is funded, and the form will be forwarded to the
Treasurer's Office within 10 business days of closing.

NAME	AMOUNT	COUNTY	QUALIFYING DISASTER
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Maturity Date: _____ Signed: _____
(1 Year)

Title: _____

08/07

Date: _____